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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 02/16353 12/20/2002 /AB/

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/ADITYA S BHAT/ Examiner's Signature	AB Initials	FRANCE	2	16	2

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**TITLE**  
 Method for diagnosis of functional faults in a functional architecture

<b>FILING FEE RECEIVED</b> 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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